

1255

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 115

Place of Birth Miami County Yila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <u>x</u>	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>January 22</u> 19 <u>15</u> (Month) (Day) (Year)			
FULL NAME <u>Dionicio</u>		FATHER <u>Rueda</u>	
FULL MAIDEN NAME <u>Guadalupe</u>		MOTHER <u>Delgado</u>	

I HEREBY CERTIFY that the child described
herein has been named

Robert D. Rueda
(Give name in full) (Surname)
Maria Delgado
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.